employed in workplaces with total bans in force in 1990. In Victoria, the percentage of indoor workers working in a totally smoke-free environment increased from 17% in 1988 to 33% in 1990.

Workplace smoking bans are popular, a majority of Australians supporting their introduction (see Section 13 below). The next section describes how the policy affecting the largest working population of Australians grew further in popularity once introduced.

2.7 Acceptance of bans in the workplace

Whether a workplace smoking ban is to be successful is at least in part dependent on its acceptability among staff members. Research into staff support for workplace bans prior to their introduction within the Australian public service showed that 76% of the overall sample approved of the bans[36]. Smokers had the lowest approval for the ban (40%), compared with ex-smokers (82%) and never-smokers (90%).

Six months after the full implementation of the smoke-free policy, approval ratings by staff members had increased[37]. In response to the comment "overall, the ban was a good thing", 57% of smokers, 90% of ex-smokers and 95% of never-smokers agreed or agreed strongly. It is interesting to note that even though 53% of smokers agreed that the ban had inconvenienced them, a higher proportion of smokers saw that the ban delivered an overall benefit. Around a third of smokers reported that they both disapproved of the ban and felt inconvenienced by it. It is suggested that this group may require ongoing consultation and advice, and that health promotion programs in the workplace embracing broader health issues may assist in creating a positive environment for health policy in the workplace.

2.8 Effects of workplace bans on smoking behaviour and smokers' health

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[36]. Borland R, Owen N, Hill D, Chapman S. Staff members' acceptance of the introduction of workplace smoking bans in the Australian public service. Med J Aust 1989; 151: 525-528.

[37]. Borland R, Owen N, Hill D, Chapman S. Changes in acceptance of workplace smoking bans following their implementation: a prospective study. Preventive Medicine 1990; 19: 314-322.

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Tobacco consumption and smoking patterns

Studies measuring tobacco consumption before and after the introduction of smoke-free workplace policies show that bans bring about a reduction in numbers of cigarettes smoked on workdays[38], which remains evident 18 months after the initial enforcement of restrictions[39]. Some smokers have extended their lower workday consumption patterns to non-workdays (Borland Hocking etc).

In a follow-up study of smokers in the Australian public service six-months after the ban, light smokers did not change their consumption patterns, but moderate smokers reduced the number of cigarettes smoked per day by an average of 6 cigarettes (a 29% fall in consumption), and heavy smokers reduced by 8 cigarettes (a 27% fall in consumption) (Borland/chapman et al). Relatively little compensatory smoking was found; the small increases in smoking which occurred outside of work hours or during breaks did not make up for the cigarettes missed due to the workplace restrictions. Nor is it likely that deeper and more frequent inhalation of those few cigarettes, if it did occur, would have compensated the smoker for missed cigarettes (borland/ch).

Simple quantification of lowered tobacco consumption brought about by workplace restrictions shows that they represent a significant area of loss for the tobacco industry (see Chapter 14, Section 17 for discussion).

Uptake of smoking and cessation

The workplace is an important site for uptake of smoking[40],[41], (see also Chapter 10). The introduction of

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[38]. Borland R, Chapman S, Owen N, Hill D. Effects of workplace smoking bans on cigarette consumption. Aust J Public Health 1990; 80: 178-180

[39]. Borland R, Owen N, Hocking B. Changes in smoking behaviour after a total workplace smoking ban. Aust J Public Health 1991; 15: 130-134.

[40]. Hill D, Borland R. Adults' accounts of onset of regular smoking: influences of school, work and other settings. Public Health Reports 1991; 106: 181-185.

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workplace restrictions on smoking suggests that it can also play an important role in preventing uptake of smoking(Hill and Borland onset, Pierce et al), and encouraging cessation (Borland/owen/hocking)[42].

Workplace bans can insulate young people from the enhanced risk of uptake provided by a new environment, and remove the social influences to smoke experienced there (Borland Hill onset). The reduction in smoking opportunity may also serve to postpone young people's decision to smoke to the point where they are unlikely to start smoking at all (Pierce et al).

For smokers thinking of quitting, the introduction of a workplace policy might be the final catalyst to make them take action. And as the workplace is a common site for relapse, smoking bans could help ex-smokers resist the urge to smoke[43].

Workplace restrictions can also provide a framework for smokers to gain control over their tobacco use. As average smoking consumption declines in a restricted environment (see above), smokers become accustomed to a lower rate of smoking on workdays which may extend to non-working days (Borland, hocking etc). Moreover, smokers may learn techniques to manage without cigarettes which can carry over to non-work situations. With the contexts in which the smoker feels dependent on cigarettes decreased, cessation attempts are more likely to succeed (Borland/owen/hill/schofield).

A study on smoking behaviour among Telecom workers prior to and up to 18 months following introduction of a smokefree workplace, showed that smoking prevalence had declined by about 5% in the sample, which the researchers estimated to be about twice the decline in the general community for the same time period. It was thought likely that the smoke-free policy introduced by Telecom contributed to this fall in smoking prevalence

41. Pierce JP, Naquin M, Gilpin E, Giovino G, Mills S, Marcus S. Smoking initiation in the United States: A role for worksite and college smoking bans. JNCI 1991; 83: 1009-1013.

42. Woodruff TJ, Rosbrook B, Pierce J, Glantz SA. Lower levels of cigarette consumption found in smoke-free workplaces in California. Arch Intern Med 1993; 153 [In press].

43. Chapman S, Borland R, Hill D, Owen N, Woodward S. Why the tobacco industry fears the passive smoking issue. Int Journal Health Services 1990; 20: 417-427.

(Borland/owen/hocking). A study from the United States measuring cessation rates following the introduction of a smoke-free policy in the New England Telephone Company has also shown a significant decline in smoking rates[44].

Absenteeism due to ill-health caused by smoking

Australian and international studies have shown that workers who smoke suffer, on average, a greater amount absenteeism due to ill-health than non-smokers[45],[46],[47],[48],[49].

Australian data collected over an eighteen-month period between 1990 and 1992 showed that smokers recorded an average of 27% more absenteeism than non-smokers (Smith dawes etc). Smokers also experience more accidents at home and at the workplace (Smith dawes etc), a recent American study finding that smokers suffer around 30%

[44]. Sorensen G, Rigotti N, Rosen A, Pinney J, Prible R. Effects of a worksite nonsmoking policy: evidence for increased cessation. Am J Public Health 1991; 81: 202-204.

[45]. Athanasou JA. Sickness absence and smoking behaviour and its consequences. A review. J Occup Med 1975; 17: 441-445.

[46]. Rogers B. Disability and cigarette smoking in Canada - 1978-79. World Smoking and Health 1986; Summer: 16-19.

[47]. Athanasou JA. Smoking and absenteeism [Letter]. Med J Aust 1979; 2: 234-236.

[48]. Smith GC, Athanasou JA, Reid CC, Ng TKW, Ferguson DA. Sickness absence, respiratory impairment and smoking in industry. Med J Aust 1981: 1: 235-237.

[49]. Smith RL, Dawes L, Bush R. Sickies and smoking: why human resource managers favour smoke-free workplaces. In: Seminar Proceedings. Workplace smoking: Legal implications and workplace programs. Industrial Program Service and University of Western Sydney, Nepean. The Gazebo Hotel, Parramatta, 1992 April 7: 5-16.

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more industrial accidents and 40% more occupational injuries than non-smokers[50].

Workplace bans on smoking are likely to affect smokers' health in some measure (see below), which will in turn reduce absenteeism due to smoking.

Long term effects on smokers' health

While the emphasis on introducing smoke-free environments has tended to be on preventing exposure to environmental tobacco smoke, because the risks of active smoking far outweigh those of passive smoking, it is probable that health benefits from workplace bans will be most strongly felt by smokers who reduce their tobacco intake or are motivated to quit smoking directly(Borland Owen Hocking),(Chapman why they fear).

Because disease risk from smoking varies with the amount tobacco smoked and the duration for which it has been smoked, it can be expected that reduced consumption or delayed uptake of smoking effected by workplace bans will eventually be reflected in reduced morbidity and mortality from smoking. (As noted above, smokers on average take more time off work due to ill-health than non-smokers). These projected public health benefits are difficult to quantify, but likely to be significant (Chapman why they fear).

2.9   Trade unions and arbitration

Despite general union movement approval for the introduction of smoke-free policies, they may cause worker discontent if brought in too quickly, or without appropriate consultation.

The New South Wales Labor Council has recommended that the employer and union should enter into consultation prior to restrictions being introduced, as a means of preventing disputes. However the employer's chief responsibility lies in providing a safe workplace, and if the union involved refuses to give their support for reasonable measures, then the matter should be referred to the Industrial Commission, where similar cases have already been heard (see below).

The New South Wales Labor Council has adopted a policy supporting a complete ban on smoking in the workplace. Similar policies have been endorsed by a number of other

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[50].   Ryan J, Zwerling C, Orav EJ.   Occupational risks associated with smoking: a prospective study.   Am J Public Health 1992; 82: 29-32.

state and territory labor councils. The NSW Labor
Council policy is reproduced in full in Section 4.13 of
Appendix II.

The ACTU position

Although the Australian Council of Trade Unions (ACTU)
does not have an official policy on smoking in the
workplace, its President, Mr Martin Ferguson, has stated
that[51]:

The ACTU supports all Government initiatives to
reduce smoking - media campaigns, Quit, banning of
advertising and sports sponsorship, and so on. As a
social partner in Worksafe Australia, the ACTU was a
participant in the development of the national
policy statement on smoking and the workplace.

We encourage affiliates to promote and participate
in programs which aim to reduce and gradually
eliminate smoking from the work environment.
Clearly, for these programs to be successful, they
must be developed and implemented in consultation
and be accompanied by a commitment from all staff,
including senior management who should lead by
example.

*Note: The National Occupational Health and Safety
Commission's National Policy Statement on Smoking and the
Workplace is included in Appendix II.*

Views of Industrial Commissioners

Although smoking has not been determined by an Industrial
Commission as an Industrial Matter, disputes concerning
smoking have been resolved by industrial commissioners.
The key details of three separate cases which have come
before the Australian Industrial Relations Commission
since 1989, each resolved in favour of adopting a
smoke-free workplace policy, are reproduced below:

i.   Conciliation Commissioner Connor, 9 August 1989[52]:

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[51].   Ferguson M. In: Proceedings: Conference on Alcohol
and Drugs in the Workplace "Reducing the costs". World Congress
Centre, Melbourne 18-19 April 1991. Canberra: Department of
Community Services and Health, 1991: 42.

[52].   Conciliation Commissioner Connor (No 692 of 89. Kogarah
Municipal Council v the Federated Municipal and Shire Council
Employees' Union of Australia) 9 August 1989.
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The justification for a State industrial tribunal to intervene in cases of this kind is where a decision of an employer operates unfairly to employees in some way or where unreasonable demands or conditions are imposed on them. If an employer chose to take Draconian measures to eliminate smoking at the place of work, an order or award of a State industrial tribunal may possibly serve to modify those measures. But that is not the situation in these compulsory conference proceedings ... I regard the (Kogarah) Council's non-smoking policy as both a fair and sensible one. It incorporates breaks for cigarettes smokers at morning and afternoon tea, counselling and a disciplinary code which is far from severe...

The (Kogarah) Council is under a clear common law duty to provide a safe system of work for all its employees - smokers and non-smokers alike - and that common law duty has been reinforced and strengthened by Section 15 of the Occupational Health and Safety Act. Pursuant to Section 19 employees at work are also required to take reasonable care of the health and safety of their fellow employees and other persons at the place of work and to co-operate with management over safety matters including in that context a non-smoking policy... Those statutory obligations on employers and employees give added impetus to the Council's non-smoking policy. They remain whether or not the vast majority of the Council's staff are prepared to tolerate smoking at the place of work or not. Any petition by the staff in support of the smokers does not assist their position at all.

ii. Conciliation Commissioner O'Neill, 3 September 1990[53]

... it is recognised that the company do have the right to prohibit or ban smoking in the warehouse. My understanding is that this is done principally because of what would be regarded as a fire hazard and the company has signalled their intention that they do intend to increase that ban progressively to cover their entire operation in relation to working areas, leaving aside lunchrooms and wash and toilet facilities. They may seek to change their position at a later stage.

[53].   Conciliation Commissioner O'Neill (No 1272/1990. Hogbin Excelsior v the Federated Storemen and Packers' Union of Australia, NSW Branch) 3 September 1990.

iii. Conciliation Commissioner Caesar, 2 November 1990[54]

The following are excerpts from a much longer judgement:

... unless the union is prepared to declare and then to prove that smoking is not a health hazard and they really cannot object to the company's policy when having regard to their responsibilities under the Act for the protection of employees.

... Mr Jennings uses the term that his members do not want to have a policy shoved down their throat because they have certain rights. Well, of course, those rights, those very same rights, exist with the non-smoking employees to not to have smoke thrust down their throats.

... I have serious doubts that matters of safety and health and welfare - perhaps not so much welfare although I will include it - of employees is a matter of a vote with the majority deciding because if a situation is seen to be a hazard to health, welfare and safety then by law it has to be removed or the individual confronted with that hazard has to be protected from it.

So I do not know that the union can, nor can their members hang their hat too securely on the fact that a vote was taken and the vote decided that they did not particularly want to carry out a policy. I think it is more with looking at the policy and seeing if the policy is just and reasonable and proper in all of the circumstances.

... So the problem really should not be the company's. The problem should be the smokers, their problem being how to keep up their habit without inflicting a hazard on others and exposing the company to liabilities for that hazard.

2.10 The tobacco industry and smoking in the workplace and in public places

Impact on sales

As noted above, average consumption among smokers decreases following workplace smoking bans. This matters to the tobacco industry. In 1978 William Hobbs, a president of the US-based tobacco company RJ Reynolds, said of anti-smoking measures that:

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54.   Conciliation Commissioner Caesar (No 2163/1990. Albany International Pty Ltd v Amalgamated Footwear and Textile Workers' Union of Australia, NSW Branch) 2 November 1990.

If they caused every smoker to smoke just one less cigarette a day, our company would stand to lose $92 million in sales annually. I assure you that we don't intend to let that happen without a fight (ref Chapman and Woodward Morling paper).

More recently, Clive Turner, Director of the Asian Tobacco Council (the tobacco industry lobby group for that region) stated that "... the danger is that if you reduce the opportunities for a smoker to smoke, through private or public smoking restrictions, then there is, inevitably, a resultant decline in personal consumption. This undoubtedly affects the bottom line"[55].

It has been estimated that workplace bans in the Australian commonwealth public service alone would cause a loss of $5.2 million in retail sales to the tobacco companies annually (in 1988 figures) (borland/ch). Extrapolated to indoor workers Australia-wide, even allowing that only half of them might work in a smoke-free environment, the industry would lose over $6.5 million in sales per annum. These calculations do not take into account evidence that the drop in consumption on workdays is, in some smokers, carried over to non-workdays as well, resulting in a greater drop in consumption. Nor do they include the permanent loss to the industry of smokers who, having learnt to do without cigarettes at work, may decide to quit altogether.

Similar calculations have estimated that the tobacco industry would be losing around $736,534 in retail sales as a result of the ban on smoking now in force in Australian domestic aircraft (Why the ti fears). Taking into account other forms of public transport, and the wide variety of other places where smoking is not permitted, means that smoke-free policies are probably having some impact on the smoking behaviour of most smokers. SDW HAS NOTED IN HARD COPY THAT SALES DECLINED 4% LAST YEAR - FIND.

Public perceptions of harm - giving tobacco a bad press

Restricting the places where people can smoke is a constant reminder to the public that smoking is dangerous and that its effects spread beyond the smoker. Smokefree environments counter the previous ubiquity of the cigarette, and erode social acceptability. They also encourage those who would prefer a smoke-free environment

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• Turner C. (Asian Tobacco Council Ltd, Hong Kong). Tobacco: the battle for social acceptance. Paper presented at the Sixth World Tobacco Exhibition and Symposium, Vienna, 22 - 25 October 1990: 10.

to work towards achieving one. As discussed in Section 13, public opinion strongly favours smokefree work and other public areas. There is also a strong public perception that passive smoking is harmful to health (Chapter 4, Section 5).

Sick buildings, ventilation and courtesy

One tobacco industry response to the issue of health risks from environmental tobacco smoke has been to deflect attention from tobacco smoke by focussing on so-called "sick buildings" and poor ventilation. Rather than banning smoking in the workplace, the problems of environmental tobacco smoke should be resolved through a combination of courtesy, tolerance and improved ventilation. In the tobacco industry's view, bans are discriminatory, are likely to cause friction between employees, and are unjustified by scientific evidence[56],[57],[58].

Leaving aside the industry furphy that the scientific evidence is inconclusive, research undertaken for the New South Wales Cancer Council has shown that common courtesy may not be enough. The survey showed that over 80% of smokers would continue to smoke in the presence of non-smokers, although 50% would try to deflect their smoke, or smoke less. Although almost 70% of non-smokers said that smoking bothered them, only 7% would ask the smoker to stop. Non-smokers tended to use less confrontational methods of discouraging smoking around

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[56]. For example Tobacco Institute of Australia. Do you mind if I smoke? [Advertisement]. Australian Women's Weekly 1985 March: 86-89, and its advertisement against which the Australian Federation of Consumer Organisations took action - "A message from those who do - to those who don't." This advertisement appeared in major daily newspapers in early July 1986; a specific reference is The Age 1986 4 July: 6. See also Chapter 14.

[57]. Tobacco Institute of Australia Ltd. An introduction to the Tobacco Institute's "Smoking in the Workplace". A helpful guide for management who believe that responsibility, courtesy and tolerance are important in the workforce. Sydney Cove: Tobacco Institute of Australia Ltd, October 1988.

[58]. Tobacco Institute of Australia. Workplace smoking policy guidelines [pamphlet]. Sydney: Tobacco Institute of Australia (undated).

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them, such as coughing or looking annoyed, or moving away[59].

For more information on "Sick building syndrome" and the tobacco industry response to the passive smoking issue, see Chapter 3, Section 10 and Chapter 14, Section 17.

Smokers' rights?

The notion of smokers' rights frequently occurs in conjunction with objections expressed by the tobacco industry about restrictions on smoking. Chapman et al (TI fears) have made the following observations about these rights:

In Elizabethan England, the free exercise of flatulence even among company was considered normal and not proscribed by considerations of politeness or offensiveness. Similarly, public expectoration was commonplace across all social classes in Victorian and Edwardian England, and the practice remains widespread in many countries today without drawing any social or legal approbation. There are some pertinent similarities between flatulence, spitting, and smoking. Each behaviour is essentially personal, but being not involuntary, is each capable of being exercised in both private and in public settings. As well, the performance of each behaviour is usually motivated by a desire to make oneself more comfortable, and so its execution is accompanied by a feeling of relief and pleasure. While those performing any of these three behaviours derive some pleasure from them, all three have also emerged as the focus of social ostracism, and in the case of spitting and smoking, legal sanctions. The control of spitting is thought to have played an important part in the control of tuberculosis. The personal pleasure these behaviours allow to their perpetrators also causes unpleasant, and in the case of spitting and smoking, potentially harmful results to those exposed to the products of these behaviours.

In view of these parallels, it is salutary to speculate on the likely reception that would be given to earnest talk about "farters' rights" or "spitters' rights". Clearly, such terms would be greeted with derision, while "smokers' rights" continues to maintain some currency as a serious concept. The derision accorded to the former terms

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59. New South Wales Cancer Council Public Opinion Survey. Smoking and common courtesy. Sydney: New South Wales Cancer Council, July 1990.

would partly reflect their strangeness, but derive mostly from the bombastic apposition of essentially private and discreet behaviours with the legalistic tone intrinsic to the word "rights". Perhaps the principal difference between the three behaviours is that it is only smoking that involves a purchased commodity (cigarettes), and hence only for smoking have powerful groups of financially vested interests taken any role in attempting to define the behaviour as one appropriate to as many public situations as possible. There is no financial gain to be made in promoting the social acceptability of flatulence or spitting.

Discrimination

It is also worth noting that restrictions on smoking do not relate to a factor inherent to a person, such as sex, colour or class, but to an *activity* in which a person may or may not choose to engage. Laws restricting smoking are no more discriminatory than those concerning, for example, alcohol use under particular circumstances[60].

See also Chapter 14.15 for further discussion of tobacco industry promotion of smokers' rights.

2.11 Smoking in restaurants

Australian restaurant patrons are overwhelmingly in favour of having the option to dine in an environment free of tobacco smoke.

A series of surveys on public opinion about smoking in restaurants has been undertaken by the Anti-Cancer Council of Victoria (Hill 1987),[61],(Hill 1990). These surveys show that over the past five years in Victoria, both smokers and non-smokers have increasingly favoured separate areas for smoking (Table 2.1). In 1990, 95% of all respondents (including 91% of smokers) favoured separate areas, and 39% of the sample supported a total ban on smoking in restaurants. Hill's findings have been confirmed by research in other states[62,63,64,65,66,67].

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[60]. Hanauer P. The right to smoke? ANR (Americans for Nonsmokers' Rights) Update 1991; 10(2): 3.

[61]. Borland R, Hill D. Public attitudes to smoke-free zones in restaurants. Med J Aust 1989; 150: 407.

[62]
. National Heart Foundation of Australia, ACT Division. Survey shows strong support for smoking ban [Media release].

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*Table 2.1:   Should cafes and restaurants provide separate
areas for smokers and non-smokers?*

In favour of separate areas

	1985	1988	1990
All respondents	83%	90%	95%
Non-smokers	85%	91%	97%
Smokers	79%	87%	91%

Sources: Hill, Borland/Hill, Borland/Hill.

The 1990 survey for Victoria also showed that offered a
choice, two thirds of the total sample would choose to
sit in a smoke-free area. This included 85% of the
non-smokers and one third of the smokers (Hill 1990)
(Table 2.2). Surveys from New South Wales(NSW CA
COUNCIL), (Roberts et al letter) and South Australia
(ref) report similar findings.

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Canberra: 28 January, 1992.

[63]. Reark Research. Smoking in restaurants. Prepared for:
Knowles Bristow Advertising Pty Ltd. Milton, Queensland: Reark
Research, 1989.

[64]. New South Wales Cancer Council Public Opinion Survey.
Smoking in restaurants. Sydney: New South Wales Cancer Council,
July 1990.

[65]. Northern Territory Department of Health and Community
Services. Survey report: Smoke-free areas in restaurants.
Darwin: Northern Territory Department of Health and Community
Services, 1991.

[66]. Wakefield M, Roberts L. Public opinion about smoking
restrictions in dining establishments. In: South Australian
Smoking and Health Project. Evaluation Report 1990 - 1991 No 2.
North Adelaide: South Australian Smoking and Health Project,
1992: 61-66.

[67]. Roberts C, Algert C, Chey T, Capon A. Community attitudes
to smoking in restaurants [Letter]. Med J Aust 1992; 157: 210.

Table 2.2: *Seating preference by smoking habit, 1990*

	Non-smokers	Smokers	All respondents
Smoking area	1%	48%	14%
No preference/ can't say	14%	20%	20%
Non-smoking area	85%	33%	66%

Source: Hill 1990.

A Victorian survey of restaurant patrons in 1991 has shown that if smoke-free dining were freely available, 64% of diners would preferentially select a restaurant which offered smokefree areas, while 9% would try to chose a restaurant with no smoking restrictions[68].

In a referendum held by the North Sydney Council in the same year, 71.8% of voters polled "yes" to the question "Should all restaurants in the Municipality be required by Council to provide a separate area for non-smoker?". The mayor of North Sydney, Mr Gerry Nolan, has said that the Council will not be seeking to make the provision of smoke-free dining areas a legal requirement, but would be contacting the owners of all restaurants in the municipality and suggesting that they offer non-smoking areas[69].

There is no doubt about the wishes of the paying public who patronise Australian restaurants. So why are they not being given access to the smokefree air they prefer? The answer probably lies at least in part in the restaurant-goers' reticence to express their preference: a survey by the Central Sydney Health Promotion Unit showed that only 27% of people ever requested smokefree dining (Bayliss, MO). Opposition among restaurateurs is generally based on concerns about the difficulty of altering layout or making separate areas within their restaurant, and fear of causing social friction within and between groups of diners. Another fear is that of losing custom: that if they voluntarily impose smoking restrictions, they will lose smokers to their

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[68]

•   Mullins R. A survey of patrons of Melbourne restaurants on the provision of smokefree dining. In: Victorian Smoking and Health Program.   Quit evaluation studies No 6, 1990 - 1991. Melbourne: Victorian Smoking and Health Program, 1992: 141-146.

[69]

•   Bayliss P.   Non-smoking rules, OK?   Medical Observer 1991 November 22: 13.

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competitors. (This is the same reservation which was expressed by the airlines prior to bans being enforced by the federal government; although happy to comply with legislation which affected all carriers, they were unwilling to take individual action).

As discussed in Section 2 above, restaurateurs are presumably obliged, as employers, to provide a safe workplace for their employees, and for those who visit their premises. On this basis, it could be argued that smoke-free dining is mandated under current Occupational Health and Safety legislation. At least two Australian workers have received compensation for developing passive smoking-related disease in the course of their work in places of public entertainment (hotel bars and a casino - see Section 4 above).

Health agencies in several states have encouraged restaurants to consider making smokefree areas available, assisting with advice and appropriate signage. The hospitality industry is, in some states, engaging in self-regulation and the introduction of voluntary restrictions.

In July 1992 the chain of restaurants Pizza Hut Australia went smoke-free. The restaurant reported that the response received from the public was overwhelmingly positive[70].

2.12 Other areas of restriction

Food preparation and fire hazard

Smoking has been banned for many years in specific areas for reasons of hygiene and safety. These include kitchen and food preparation areas in public eating houses, areas in which hazardous (especially inflammable) chemicals and other substances are stored or handled, and in public enclosed spaces where fire hazard is a major consideration (for example in theatres, cinemas and lifts).

Public transport

Restrictions on smoking on public transport are controlled by the state and federal Ministers for Transport and Health. All states prohibit smoking on government operated urban buses, trams and trains.

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[70]. Personal communication from the Managing Director of Pizza Hut Australia, Mr DJ Chapman, to S Woodward, 1992 August 7.

are left to determine their own policies[73]. Qantas has confirmed that its eventual intention is to be completely smoke-free, and several carriers running services from Australian ports, including Qantas, Cathay Pacific, Continental, Air Pacific[74], Singapore Airlines[75] and Thai Airways[76] now conduct at least some smoke-free flights. All Australian airport terminals are now smokefree (Clean Air Clarion Passive smoker wins test case in Sydney ref).

Hospitals

Many hospitals take a stance against smoking by declaring public areas smoke free. Some restrict smoking to designated waiting rooms, and only allow patients to smoke with the authority of their attending physician. Increasingly, hospitals are banning the sale of tobacco products on their premises.

Schools

While occupational health and safety legislation has lead to directives for many schools to have smokefree school buildings and vehicles, schools need to establish their own policies to cover school grounds[77].

Schools have a duty to provide students with a safe and healthy educational environment, as well as giving them information about important health issues such as smoking. Equally, schools are places of employment for

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[73]. Anonymous. Nations join to win smoking ban. The Australian 1992 October 23: 26.

[74]. Ballantyne T. The last gasp for flying smokers. The Sydney Morning Herald 1993 January 22: 1, 6.

[75]. Anonymous. Travellers to stub out on Singapore flight. West Australian 1992 October 22: 12.

[76]. Spencer G. Smokefree skies world wide. Ashes to Dust 1993; 10(1): 12.

[77]. Victorian Smoking and Health Program. Policy and procedure guidelines for smokefree schools. Melbourne: Victorian Smoking and Health Program, 1992.

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teachers and other staff, who are entitled to a safe workplace.

A smokefree policy should apply equally to teachers, staff and students. Allowing smoking by some groups within the school community undermines the policy and the credibility of health education. Providing students with an area in which they may smoke will be seen as a privilege and give other students an incentive to smoke. Going smokefree is a healthy choice which shows students how good public health policy can be put into action (Vic guidelines).

Entertainment areas

Smoking restrictions have been introduced for most foyers of the Victorian Arts Centre and its two restaurants[78], and smoking has been banned in the Sydney Opera House in all but a small portion of the Bennelong Restaurant. The Greater Union cinema chain has become smoke-free. A recent Perth survey showed that around a quarter of city cinemas and half of Perth theatres had adopted smoking bans or restrictions in foyers and other public areas. Some of these restrictions were prompted by acceptance of funding from Healthway, the Western Australian health promotion foundation[79].

Shopping malls

Several companies which own shopping centres have introduced or are phasing in smoking restrictions or bans. The AMP Society has banned smoking in the public areas of its 14 properties, including the Centrepoint in Sydney. Jones Lang Wootton and Lend Lease, which between them manage 97 centres, have also adopted policies, as have National Mutual, the Burnett Property Group and the Stockland Group[80].

78
. Anonymous. Smoking ban. Herald-Sun (Melbourne) 1991 April 17: 23.

[79]. Australian Council on Smoking and Health. Smoking policies in cinemas and theatres in Perth [unpublished report]. Perth: Australian Council on Smoking and Health, 1992.

[80]. Spencer G. The shrinking ashtray. Ashes to Dust 1993; 10(1): 4.

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2.13 Public attitudes

Public opinion has been influenced by the increased publicity about the dangers of passive smoking. Surveys undertaken in the mid-1980s[11],[12] showed that there was already a high public awareness of the issues of smoking in public places and the workplace, with majority support for workplace bans in particular. More recent studies have shown that public opinion has strengthened, large majorities favouring smokefree or restricted smoking in workplaces and restaurants[13],[14],[15](ACT NHF). A recent Victorian survey has shown strong support for smoking bans in child-care centres, toy shops, fast food chains and family restaurants[16]. Public opinion about smoking in restaurants is discussed in Section 11 above. Public opinion about the health risks of passive smoking is included in Section 5 of Chapter 4.

Table 2.3:   *Public opinion on where smoking should be allowed and smoking behaviour: Saulwick Age Poll*

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11
. Mills S. Most want more bans on smoking in public: poll. The Age 1986 April 12:   13.

[12].   Hill D.   Public opinion about smoking in restaurants and at work [Letter].   Med J Aust 1986;   145:   657-658.

[13].   McIntosh P.   Most want smoking ban in workplaces and shops.   [Article includes report and table from Saulwick Age Poll].   The Age 1991 August 29:   17.

[14].   Borland R, Hill D.   Public attitudes to smoke-free zones in restaurants - an update.   Med J Aust 1991; 154:   292-293.

[15].   Mullins R, Borland R, Hill D.   Smoking knowledge, attitudes and behaviour in Victoria: Results from the 1990 and 1991 Household Surveys.   In: Victorian Smoking and Health Program.   Quit evaluation studies No 6, 1990 - 1991.   Melbourne: Victorian Smoking and Health Program, 1992:   1-30.

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	Total	Men	Women	Blue collar	White collar	Melb	Sydney

SHOULD SMOKING BE ALLOWED IN:

Workplaces?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	19	19	19	25	15	22	18
No	77	76	78	71	81	72	79
Don't know	4	5	3	4	4	6	4

Hotel bars?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	56	56	57	66	56	64	50
No	38	41	37	30	39	31	43
Don't know	5	4	6	3	5	5	6

Enclosed shopping centres?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	22	24	21	23	25	40	21
No	75	75	76	75	72	59	76
Don't know	3	2	2	2	3	1	3

SHOULD SMOKERS ASK PERMISSION TO SMOKE?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	90	90	92	89	91	92	88
No	6	7	6	8	6	4	9
Don't know	3	3	2	3	2	4	4

DO YOU ALLOW PEOPLE TO SMOKE IN YOUR HOME?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	64	62	67	69	63	71	65
No	35	38	33	31	37	28	36
Don't know	1	0	0	0	0	0	0

DO YOU SMOKE?

	Total	Men	Women	Blue collar	White collar	Melb	Sydney
Yes	26	26	26	34	25	24	17
No	73	73	74	66	75	76	82
Don't know	1	1	0	1	0	0	1

All figures are percentages rounded to nearest whole number.

About the poll

Date: 14 & 15 August 1991
Sample: 1000 voters
Coverage: National
Method: Telephone
Question: As you may know, smoking has been
             banned in certain places, but not in others.
             Do you think that people should be allowed to
             smoke or should not be allowed to smoke in

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workplaces? In hotel bars? In enclosed
shopping centres?

Do you think that smokers should or
should not ask for permission to smoke if they
are in a room with other people?

Do you personally allow people to
smoke in your home?

Do you smoke?

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Source: Saulwick Age Poll, The Age (ref)

References to Chapter 2